



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 8952

<b>SERIAL NUMBER</b> 10/620,903	<b>FILING or 371(c) DATE</b> 07/16/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> GM2:1004	
<b>APPLICANTS</b> Joseph L. Tallal JR., Dallas, TX; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/396,883 07/17/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/08/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K RAPILLO/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> CHALKER FLORES, LLP 2711 LBJ FRWY Suite 1036 DALLAS, TX 75234 UNITED STATES					
<b>TITLE</b> System, method and apparatus for direct point-of-service health care by a pharmacy benefit manager					
<b>FILING FEE RECEIVED</b> 522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		